

PATENT
ATTORNEY DOCKET NO. 03028011

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Robert Eric Montgomery

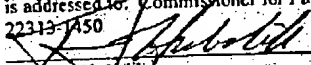
Serial No.: 09/552,994

Filed: April 21, 2000

For: LOW PEAK EXOTHERM CURABLE
COMPOSITIONS

) Group Art Unit: 1711
)
)

) Examiner: Jeffrey C. Mullis
)
)

) CERTIFICATE OF MAILING BY "EXPRESS MAIL"
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) Date of Deposit: June 30, 2003
) I hereby certify that this paper or fee is being deposited with
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) 22313-1450
) 
) Timothy Hyballik

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

AMENDMENT AND RESPONSE TO OFFICE ACTION

This Amendment is submitted in response to the Office Action mailed January 30, 2003. The original period of response to the Office Action is a shortened statutory period of three (3) months from the mailing date of the Office Action. This response is timely if filed on or before April 30, 2003, in accordance with 37 CFR §1.10. Extensions of time are available under 37 C.F.R. §1.36(a) for up to six months from January 30, 2003. Applicant submits herewith a request for a two month extension of time and \$410.00 in fees. If there are any additional fees due in connection with the filing of this response, please charge these additional fees (or credit any overpayment) associated with this communication to our Deposit Account No. 13-0019. Applicant respectfully requests amendment of the patent application and reconsideration and allowance of the pending claims.

- ☐ Applicant believes that no extension of term is required. However, this is a conditional petition being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

4. The fee for claims has been calculated as shown below:

Claims remaining after amendment	Highest number previously paid for	Present Extra	Small entity		Large Entity	
			Rate	Additional Fee	Rate	Additional Fee
Total 50	59	x 0	\$9.00	= \$0	\$18.00	\$0
Independent 7	7	x 0	\$42.00	= \$0	\$84.00	\$0
Multiple Dependent Claim Fee:				= \$0.00		\$0.00
Total Additional Fee				= \$0		= \$0

- ☒ No additional fee for claims is required.

5. Fee Payment/Deficiency

- ☒ Attached is a check in the amount of \$410.00
☐ Authorization is hereby made to charge the amount of \$ to Deposit Account No. 13-0019
☒ Charge any additional or deficient fees required by the paper or credit any overpayment to Deposit Account No. 13-0019. A duplicate paper is attached for this purpose.

Respectfully Submitted,

Christine M. Rebman
 Christine M. Rebman
 Reg. No. 50,546

Date: June 30, 2003

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